

CHILD DEVELOPMENT SERVICES WAITING LIST APPLICATION

PRIVACY ACT STATEMENT										
AUTHORITY:		Title 10, United States Code, Section 3013								
PRINCIPAL PURPOSE:		Provide information to DA personnel for placement of children in the CDS programs.								
ROUTINE USES:		Information provided may be released IAW the Army's blanket routine uses contained in AR 25-55.								
DISCLOSURE:		Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CDS programs.								
Sponsor's Name:					SSN:		Application Date:			
Home Address:					Home Phone:		Date Care Needed:			
Duty Phone:		Rank:	Spouse's Name:				Spouse's Work Phone:			
Child's Name:					Check if unborn <input type="checkbox"/>	Birth date:		Check if projected <input type="checkbox"/>		
Age Group:	4 - 5 wks FCC <input type="checkbox"/>		6 wks - 11 mos <input type="checkbox"/>		2 - 18 mos <input type="checkbox"/>		19 - 35 mos <input type="checkbox"/>		36 mos - 5 yrs <input type="checkbox"/>	
Type of care needed:		Full Day <input type="checkbox"/>	Kindergarten <input type="checkbox"/>		Part Day Kindergarten: <input type="checkbox"/>		2-Day <input type="checkbox"/>		3-Day 5-Day <input type="checkbox"/>	
Program Preference:		<input type="checkbox"/> No Preference- First Available			<input type="checkbox"/> Family Child Care Home Only			<input type="checkbox"/> Child Development Center Only		
Sponsor Status:		<input type="checkbox"/> Military		<input type="checkbox"/> DOD Civilian		<input type="checkbox"/> Military Reserve		<input type="checkbox"/> National Guard		<input type="checkbox"/> Retired
Spouse Status:		<input type="checkbox"/> No Spouse	<input type="checkbox"/> DOD Spouse	<input type="checkbox"/> Military Spouse		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Student		<input type="checkbox"/> Employed, Other Than DOD Spouse
Specific Program Needs (FCC only):		<input type="checkbox"/> Long-term Care		<input type="checkbox"/> Overnight Care		<input type="checkbox"/> Shift-work Care		<input type="checkbox"/> Weekend Care		<input type="checkbox"/> Extended Care
Check Housing Area On Post:		<input type="checkbox"/> Academic Heights		<input type="checkbox"/> Artillery Village		<input type="checkbox"/> Craig Crossing		<input type="checkbox"/> Geronimo		<input type="checkbox"/> Henry Post Manor
		<input type="checkbox"/> Medicine Bluff		<input type="checkbox"/> Quannah Park Square		<input type="checkbox"/> White Wolf Manor				
Special Requirements:										
<input type="checkbox"/> Language		<input type="checkbox"/> Medication			<input type="checkbox"/> No Pets		<input type="checkbox"/> Religion		<input type="checkbox"/> Sick Care	
<input type="checkbox"/> Smoke-Free		<input type="checkbox"/> Special Diet			<input type="checkbox"/> Special Needs		<input type="checkbox"/> Transportation Before School		<input type="checkbox"/> Transportation After School	
I have read and understand the attached Waiting List Information Sheet and agree to follow the guidelines stated. <input type="checkbox"/> Patron applied over the phone. <input type="checkbox"/>										
Patron's Signature						Date of Application			Clerk's Initials	
OFFICE USE ONLY										
Date Contacted:				<input type="checkbox"/> Patron accepted care from FCC/CDC			<input type="checkbox"/> Patron Declined care of FCC/CDC: Date of application charged to :			
Date/Time Attempted Contact: / Comments:				<input type="checkbox"/> No contact at home number/work number			<input type="checkbox"/> Left message on answering machine		<input type="checkbox"/> Left message with (name): Clerk's Initials:	